

## HAWAII STATE ETHICS COMMISSION

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Yokota	Blane	T	(808) 546-5466		
MAILING ADDRESS (Street)			FAX		
P.O. Box 2200					
(City)	(State)	(Zip	(Zip Code)		
Honolulu	Hawaii	96	96841		
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EMPLOYING ORGANIZATION (	TELEPHONE				
Hawaiian Telcom,	Inc.		(808) 546–5466		
MAILING ADDRESS (Street)			FAX		
P.O. Box 2200					
(City)	(State)	(Zip	Code)		
Honolulu	Hawaii	968	41		

PART II ORGANIZAT	TION	
NAME OF ORGANIZATION Y	TELEPHONE	
	(000) 516 5166	
Hawaiian Telcom Services Company, Inc.		(808) 546–5466
MAILING ADDRESS (Street)		FAX
P.O. Box 2200		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96841
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
JoAnn C. Yosemo	ri	(808) 546–3868
MAILING ADDRESS (Street)		FAX
P.O. Box 2200		(808) 546-8500
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96841

PART III DESC	RIPTION OF SUI	SJECTS UPON WHICH	I YOU	EXPECT TO LOBBY	
Agriculture		Education		Human Services	Science, Technology & Economic Development
X Communication		Government Operations & Finance		Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Pr Commerce	otection &	Hawaiian Affairs	X	Labor & Employment	Transportation
Culture, Arts, Preservation	Historic	Health	X	Planning, Land & Water Use Management	X Other: (indicate below) Telecommunications
X Ecology, Ene Environmenta		Housing	X	Public Safety & Corrections	
PART IV CER	TIFICATION OF L	OBBYIST			
I hereby cert	ify that the informa	ation furnished above is	s, to the	best of my knowledge,	correct and complete.
1 Sym	is U.S.	~		1/231	106
	(Signature of Lobbyist) (Date)				
	(Olgila	uie or Lobbyist)			(Dato)
PART V AUTH	IORIZATION TO L	.OBBY			
NAME			TITLE	OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED
Michael S. Ruley Chief Executive Officer					
NAME OF ORGANIZ	ATION (if applicable)			TE	ELEPHONE
Hawaiian Telcom Services Company, Inc.				(808) 546-7844	
MAILING ADDRESS	(Street)			F	AX
Р.О. Вох	2200				
(City)		(State)		(Zip Code)	
Honolulu	ı	Hawaii		96841	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
mad///					
- W/St. Margel 1/24/06					
(Si	ignature of Authorizing	Officer or Person Represer	nted)		(Date)
		, ,			